| The Com | monw | 'eal | th of N | /las | sach | nusetts | |
|---|---|----------------------|---|---------|----------------------|---------|--|
| Norfolk, ss. | | | | | SUPERIOF | R COURT | |
| SUMMONS | | | | | | | |
| To: | Cata Carbott 1 | Chamist | <u> </u> | | | | |
| ı | Kate Corbett, Chemist Department of Public Health | | | | | | |
| | 305 South Street | | | | | | |
| | Jamaica Plain, MA 02130 | | | | | | |
| You are hereby commanded in the name of the Commonwealth of Massachusetts to appear before the Superior Court for the County of Norfolk, 650 High Street, Dedham, <u>JULY 10, 2012</u> at 9:00 A.M. and from day to day thereafter, until the action hereinafter named is heard by said Court, to give evidence of what you know relating to the case of: | | | | | | | |
| Commonwealth of Massachusetts vs | | | | | | | |
| you are further commanded to bring with you all books, papers, correspondence and all other written or printed documents and records in your possession, custody or control, relating, referring or in any way pertaining to: | | | | | | | |
| Certificates of Analysis Nos. | | | | | | | |
| Witness, BARBARA J. ROUSE, ESQUIRE at Dedham, June 29, 2012 | | | | | |)12 | |
| Please report to Assistant District Attorney | | | | | Thomas L. Finigan | | |
| Place: | : Superior Court, 650 High St., Dedham | | | | Date: JULY 107, 2012 | | |
| Telephone: | : (781) 830-4800 x245 | | | | Time: 9:00 AM | | |
| Any correspondence should be sent to: Thomas L. Finigan, ADA, DA's Office, 45 Shawmut Road, Canton, MA 02021 | | | | | | | |
| | | . Muhal W. Morrosing | | | | | |
| | | Michael | Michael W. Morrissey, District Attorney | | | | |
| RETURN OF SERVICE | | | | | | | |
| | | 22 0 2 1 1 | 01 321(102 | | | 2012 | |
| | | | | (month) | (dat | | |
| Norfolk, ss. By virtue of this writ, I have (complete one of the following) | | ne within | named witnes | | | | |
| By delivering a copy of this writ in hand to | | | | | | | |
| | | | | | | | |
| By leaving a copy of this writ at the last and usual place of abode, to wit: | | | | | | | |
| No. | Street City or Town | | | | | | |
| | | | | | | | |
| * | | | Police Officer, Constable, Deputy Sheriff | | | | |